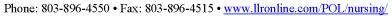


## South Carolina Department of Labor, Licensing and Regulation

## **South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211



**Board of Nursing** 



Program Code: \_\_\_\_\_

	С	ertificate of E	Endorsement		
Official Name and Addre	ess of School:				
			<u> </u>		
				which the applicant graduated. <b>The forn</b> ccepted from the applicant.	n
Name:First					
First	Middl	le	Maiden	Last	
Social Security Number:					
Date of Admission to Nursi	ing School:				
Date of Admission to Nursi	(mm/d	dd/yy)			
Date of Completion:		Date I	Degree/Diploma Conf	erred:	
Date of Completion:(mm/dd/yy)				, , , , , , , , , , , , , , , , , , , ,	
RN					
I CERTIFY that records in	n the Registrar's Office	and/or School of	Nursing indicate that	at:	
		Candidate's F	ull Legal Name		
has satisfactorily comple	eted all requirements	of the nursing ed	lucation program and	d for graduation from the educational	
institution to hold a DEG	REE:	O	or DIPLOMA:		
	(Specify type of	f degree)			
of this school DATED					
Data:	Signature:				
Date:(mm/dd/yy)	Signature	(Nurse Admir	nistrator Nursing Edu	ucation Program)*	
	Title				

(SCHOOL SEAL)

If not available, please attach notarized copy of signature \*REGISTRAR'S SIGNATURE IS NOT ACCEPTABLE